PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

1075-9210

(Column 1) (Column 2)							SMALL ENTITY TYPE			0.5	OTHER THAN OF SMALL ENTITY		
TOTAL CLAIMS			121				·	RATE		OR T		-	
			17				-		FEE	\dashv	RATE	FEE ·	
FOR			NUMBER FILED		NUME	SER EXTRA	۲	BASIC FEI	E 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			M minus 20= *					X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =				Γ	X43=		OR	X86=		
ΜL	JLTIPLE DEPE	NDENT CLAIM P	RESĖNT ————————————————————————————————————					+145=		OR	+290=		
* 11	the difference	e in column 1 is	less than zero, enter "0" in column 2				L	TOTAL		OR	TOTAL	7/11	
CLAIMS AS AMENDED - PART II											OTHER	THAN	
		(Column 1)	(Column 2) (Column 3)					SMALL	ENTITY	OR	SMALL		
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	1	XS 9=		OR	X\$18=		
	Independent	*	Minus	***		= .		X43=		OR	X86=		
_	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDENT (CLAIM			+145=		OR	+290=		
							<u> </u>	TOTAL	1	OR	TOTAL ADDIT. FEE		
		(Column 1)		(Columr	າ 2)	(Column 3)	AD	DIT. FEE	1	• '	ADDIT. FEET		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		= '		X\$ 9=		OR	X\$18=		
\ME	Incependent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT C	LAIM								
							L	145=		OR	+290=		
						i	ADI	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE		
		(Column 1)		(Column		(Column 3)		•					
MEN	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* ,	Minus	**		= .	\	(\$ 9=		OR	X\$18=		
	Independent		Minus	***	·	=	 	K43=		t	X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM		H			OR			
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								145=		OR	+290=		
## If the "Highest Number Provincedy Poid For" IN THIS SPACE is less than 00 and the Point I										OR A	TOTAL DDIT. FEE		
T	he "Highest Num	nber Previously Paid ber Previously Paid	iu For IN IHI: I For" (Total or	5 SPACE IS IS Independent	ess than I is the i	: 3, enter "3," Diahest number f			ropriate box				